



STATE OF MAINE

(An Equal Opportunity Employer, M/F/H)

EMPLOYMENT APPLICATION

BUREAU OF HUMAN RESOURCES
#4 STATE HOUSE STATION
AUGUSTA, ME 04333-0004

TEL: (207) 624-7761 (Voice)
(207) 287-4537 (TTY)

Application Number

| | | | | | |
|--|----------|--|--|--|--|
| YOUR NAME (Last, First, MI) | | | SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | |
| STREET ADDRESS | | CITY OR TOWN | | STATE | ZIP CODE + 4 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> |
| HOME TELEPHONE | | BUSINESS TELEPHONE | | E-MAIL ADDRESS | |
| TITLE OF POSITION APPLYING FOR (Include Option if Stated on Bulletin) | | | CLASS CODE (See Bulletin) | | SHIFT WORK <input type="checkbox"/> 1st <input type="checkbox"/> 3rd <input type="checkbox"/> 2nd <input type="checkbox"/> Weekend |
| Are you a present or former state employee? <input type="checkbox"/> Yes <input type="checkbox"/> No DEPARTMENT: _____ JOB TITLE: _____ BEGIN DATE: _____ END DATE: _____ | | Written Test Location Preference (Select One) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> AUGUSTA <input type="checkbox"/> BANGOR <input type="checkbox"/> CALAIS <input type="checkbox"/> OTHER _____</div><div><input type="checkbox"/> PORTLAND <input type="checkbox"/> PRESQUE ISLE</div></div> | | Veterans Preference <i>See pamphlet "Veterans Preference in Maine State Service" or go to www.state.me.us/statejobs/vetpref.htm for more information.</i> <input type="checkbox"/> Not Claimed <input type="checkbox"/> 5 POINTS (Furnish a copy of your DD Form 214) <input type="checkbox"/> 10 POINTS (Furnish a copy of your DD Form 214) AND a Statement of Disability from the VA dated within the last six months. | |
| I hereby certify that this application contains <i>no willful misrepresentation or falsification</i> and that the information given by me is true and complete to the best of my knowledge and belief. I understand that my answers may be verified and that I may be declared ineligible for appointment or dismissed from the service if there are any misstatements. I have read the public announcement for this examination and the instructions to candidates and agree to the conditions established therein. | | | | | |
| DATE _____ | | SIGN HERE | | DID YOU... | |
| Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment. | | Can you, after employment, submit verification of your legal right to work in the United States? Verification of your legal right to work in the United States will be required after employment. | | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div style="border: 1px solid black; padding: 5px; width: 100%;">Fill in the Job Title? Fill in the Class Code? Fill in your SSN? Phone number(s) to reach you? Include Supplemental Info? (If Required) Include 2 Envelopes? Date & Sign Application?</div></div> | |
| HUMAN RESOURCES USE ONLY | | | | | |
| Review | Initials | Date | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Closing Date</div><div><input type="checkbox"/> Supplemental Qualifications</div><div>Date Sent</div><div>Date Due</div></div> | | |
| 1 | | | <div style="display: flex; justify-content: space-between;"><div>Qualified <input type="checkbox"/></div><div>Conditionally Qualified <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></div><div>Not Qualified <input type="checkbox"/></div><div>Reason <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div></div></div> | | |
| 2 | | | | | |
| 3 | | | | | |
| Exam Components | % | Date | Results | Record | COMMENTS <div style="border: 1px solid black; height: 80px; margin: 0;"></div> |
| MERS | | | | | |
| T & E | | | | | |
| Written | | | | | |
| PAT | | | | | |
| Oral | | | | | |
| Service Rating | | | | | |
| 1 Performance | | | | | |
| 2 Performance | | | | | |

PLEASE SUBMIT TWO STAMPED, SELF-ADDRESSED #10 ENVELOPES WITH EACH APPLICATION (unless otherwise instructed in the bulletin)

THE STATE OF MAINE CANNOT ACCEPT THIS FORM THROUGH THE E-MAIL

IMPORTANT INSTRUCTIONS FOR COMPLETING EMPLOYMENT HISTORY

This portion must be accurate and complete. APPLICATIONS LACKING SUFFICIENT INFORMATION WILL BE REJECTED. List your entire work history including part-time, temporary, and volunteer jobs. List jobs in reverse order, starting with your present or last job. List each promotion as a separate job. To evaluate your qualifications, we must have accurate and complete information on previous job tasks and levels of responsibility. Part or all of your examination score may be based on your work history. Be thorough and specific in the detailing of duties.

| | | |
|---|-----------|---|
| EMPLOYER #1 | TELEPHONE | FROM _____ TO _____ |
| COMPLETE ADDRESS | | LAST WEEKLY PAY \$ _____ |
| YOUR TITLE | | HOURS PER WEEK _____ |
| DUTIES | | SUPERVISOR'S NAME & TITLE |
| | | NUMBER & TITLES OF EMPLOYEES YOU SUPERVISED |
| REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT: | | |

| | | |
|------------------|-----------|---|
| EMPLOYER #2 | TELEPHONE | FROM _____ TO _____ |
| COMPLETE ADDRESS | | LAST WEEKLY PAY \$ _____ |
| YOUR TITLE | | HOURS PER WEEK _____ |
| DUTIES | | SUPERVISOR'S NAME & TITLE |
| | | NUMBER & TITLES OF EMPLOYEES YOU SUPERVISED |

| | | |
|------------------|-----------|---|
| EMPLOYER #3 | TELEPHONE | FROM _____ TO _____ |
| COMPLETE ADDRESS | | LAST WEEKLY PAY \$ _____ |
| YOUR TITLE | | HOURS PER WEEK _____ |
| DUTIES | | SUPERVISOR'S NAME & TITLE |
| | | NUMBER & TITLES OF EMPLOYEES YOU SUPERVISED |

| | | |
|------------------|-----------|---|
| EMPLOYER #4 | TELEPHONE | FROM _____ TO _____ |
| COMPLETE ADDRESS | | LAST WEEKLY PAY \$ _____ |
| YOUR TITLE | | HOURS PER WEEK _____ |
| DUTIES | | SUPERVISOR'S NAME & TITLE |
| | | NUMBER & TITLES OF EMPLOYEES YOU SUPERVISED |

SPECIAL NOTE: If additional space is needed, please use space provided on next page, or attach separate sheet.

ADDITIONAL INFORMATION

SPECIAL LICENSES (Must provide proof to receive credit) Photocopies are acceptable

| Name of License, Registration or Certification | License Number | State of Issue | Date Expires |
|--|----------------|----------------|--------------|
| | | | |

EDUCATION AND TRAINING (Must provide proof to receive credit)

| Circle Last yr. completed 1 2 3 4 | NAME AND LOCATION | Dates | | Hours Completed | | Major | Minor | Type of Degree | Mo. & Yr. of Degree |
|---|-------------------|-------|----|-------------------|------------------|-------|-------|-------------------|------------------------|
| | | From | To | Semester Hours | Quarter Hours | | | | |
| High School 1 2 3 4 | | | | | | | | | |
| College/Univ 1 2 3 4 | | | | | | | | | |
| Grad School 1 2 3 4 | | | | | | | | | |
| Prof School 1 2 3 4 | | | | | | | | | |
| Other 1 2 3 4 | | | | | | | | | |

ADMINISTRATIVE SKILLS

(subject to verification by formal testing, and work sampling)
WORDS PER MINUTE

Have you ever been convicted of any offense other than a minor traffic violation?

☐ Yes ☐ No If yes, please explain: _____

| Skill Level | Typewriter | | Keyboarding | |
|----------------|------------|--|-------------|--|
| | | | | |

FOREIGN LANGUAGE SKILLS (specify below)

| | | | | | | |
|--|--------------|----------------------|-------------|----------------------|--------------|----------------------|
| | SPEAK | <input type="text"/> | READ | <input type="text"/> | WRITE | <input type="text"/> |
| | SPEAK | <input type="text"/> | READ | <input type="text"/> | WRITE | <input type="text"/> |

GEOGRAPHIC PREFERENCE

Candidates are asked to specify the geographic areas of the State and the conditions under which they will accept employment by completing the form below. You may select or change the conditions of your referral by checking the appropriate boxes. Mark the area(s) and condition(s) of employment suitable to you. If you do not select any area, the Bureau will automatically refer your name to all counties.

F = Full Time

P = Part Time

T = Temporary

S = Seasonal

| | F | P | T | S |
|------------------------------|---|---|---|---|
| 0 All Counties | | | | |
| 1 ANDROSCOGGIN County | | | | |
| 2 Lewiston | | | | |
| 3 Livermore | | | | |
| 4 AROOSTOOK County | | | | |
| 5 Ashland | | | | |
| 6 Caribou | | | | |
| 7 Fort Kent | | | | |
| 8 Houlton | | | | |
| 9 Madawaska | | | | |
| 10 Presque Isle | | | | |
| 11 Van Buren | | | | |
| 12 CUMBERLAND County | | | | |
| 13 Portland | | | | |
| 14 Brunswick | | | | |
| 15 Baxter School | | | | |
| 16 South Portland | | | | |
| 17 Windham - MCC | | | | |
| 18 FRANKLIN County | | | | |
| 19 Farmington | | | | |
| 20 Rangeley | | | | |
| 21 HANCOCK County | | | | |
| 22 Bar Harbor | | | | |
| 23 Bucksport | | | | |
| 24 Ellsworth | | | | |
| 25 KENNEBEC County | | | | |
| 26 Augusta | | | | |
| 27 Augusta - AMHI | | | | |
| 28 Waterville | | | | |
| 29 KNOX County | | | | |
| 30 Rockland | | | | |
| 31 Thomaston | | | | |

| | F | P | T | S |
|------------------------------|---|---|---|---|
| 32 LINCOLN County | | | | |
| 33 Boothbay | | | | |
| 34 OXFORD County | | | | |
| 35 Norway | | | | |
| 36 Rumford | | | | |
| 37 PENOBSCOT County | | | | |
| 38 Bangor | | | | |
| 39 Bangor - BMHI | | | | |
| 40 Charleston | | | | |
| 41 Millinocket | | | | |
| 42 PISCATAQUIS County | | | | |
| 43 Dover - Foxcroft | | | | |
| 44 Greenville | | | | |
| 45 SAGadahoc County | | | | |
| 46 Bath | | | | |
| 48 SOMERSET County | | | | |
| 49 Skowhegan | | | | |
| 50 WALDO County | | | | |
| 51 Belfast | | | | |
| 52 WASHINGTON County | | | | |
| 53 Bucks Harbor DCF | | | | |
| 54 Calais | | | | |
| 55 Eastport | | | | |
| 56 Machias | | | | |
| 57 YORK County | | | | |
| 58 Biddeford | | | | |
| 59 Kittery | | | | |
| 60 Saco | | | | |
| 61 Sanford | | | | |

Data Stamp

Entry Control Label

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APPLICANT INFORMATION SURVEY

INSTRUCTIONS TO THE APPLICANT: The State of Maine is an Equal Opportunity Employer. The information solicited on this page is being compiled by the Maine Bureau of Human Resources to comply with Federal record-keeping regulations and EEO/Affirmative Action requirements. You are **not required** to furnish this information, but your cooperation is encouraged. The information on this form is CONFIDENTIAL. The page will be removed from your application prior to review and destroyed after data compilation.

RACIAL/ETHNIC DEFINITIONS

1. BLACK (not Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.
2. WHITE (not of Hispanic Origin): All persons other than Franco-American having origins in any of the original peoples of Europe, North Africa, or the Middle East.
3. FRANCO-AMERICAN: All white persons of French ancestry.
4. HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
5. ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
6. AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

DEFINITIONS OF VETERANS SUBJECT TO EEO/AFFIRMATIVE ACTION REGULATIONS:

(The requirements are different than State Veterans Preference)

VIETNAM ERA VETERAN: One who served on active duty for more than 90 days, any part of which occurred between August 5, 1964 and July 7, 1975, and was discharged or released other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and July 7, 1975.

DISABLED VETERAN: A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per cent or more or a person whose release from active duty was for a disability incurred or aggravated in the line of duty.

DEFINITIONS FOR DISABLING OR HANDICAPPING CONDITIONS:

HANDICAPPED: Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, or has a record of such impairment. Major life activities which might be substantially limited by such impairment include: walking, seeing, hearing, learning, self-care, speaking, performing manual tasks, breathing, and socialization. A disabled individual who is likely to experience difficulty in obtaining, retaining, or advancing in employment is considered substantially limited.

VISUAL & HEARING IMPAIRMENT: Loss of vision or hearing to a degree which substantially limits one or more major life activities.

DEVELOPMENTAL DISABILITY: A Group of disabilities that affects a person during the developmental stages of his/her life and usually continues indefinitely. Such a condition constitutes a substantial handicap to his/her functioning. Examples are mental retardation, cerebral palsy, epilepsy and autism.

OTHER PHYSICAL IMPAIRMENT: Includes orthopedic abnormalities, missing or crippled limbs and extremities (congenital or caused by trauma or diseases such as arthritis, rheumatics, or polio), motor impairments (due to injury or other conditions), cardiovascular or neurological disorders (i.e., heart disease, paraplegia, multiple sclerosis, or Parkinson's disease), diabetes, tuberculosis, or cancer.

PSYCHOLOGICAL IMPAIRMENT: A person who has experienced mental illness and is presently rehabilitated or stabilized.

CHEMICAL DEPENDENCE: A dependence on alcohol or drugs to a degree which substantially limits one or more life activities. A rehabilitated person is no longer dependent on drugs or alcohol.

MULTIPLE DISABILITIES: More than one disability. Multiple disabilities could occur in two or more different categories or within a single category.

☐

1. I have read the paragraph above and do not wish to provide the information.

2. Enter your age in years.

ENTER YOUR RACIAL/ETHNIC GROUP CODE NUMBER

☐

3. Refer to definitions at left for your code number

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING YOUR CHOICE AND THEN ENTER THE LETTER INTO THE DATA BOX

☐

4. What is your sex? A. Male B. Female

☐

5. What is your Marital Status?
A. Single B. Married C. Divorced
D. Separated E. Widowed

☐

6. Job Notice of Referral Source:
A. Maine Job Service
B. The Maine Bureau of Human Resources
C. Bureau of Vocational Rehabilitation
D. Another State Agency
E. School Placement Office
F. Public Announcement
G. Veteran's Organization
H. Community Organization
I. Other

PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left)

☐

7. Maine Resident

☐

8. Current State Employee

☐

9. Convicted Felon

☐

10. Vietnam Era Veteran

☐

11. Disabled Veteran

☐

12. Have a Visual Impairment (Do not check if correctable by glasses)

☐

13. Have a Hearing Impairment

☐

14. Have a Developmental Disability

☐

15. Have Other Physical Impairments

☐

16. Have a Psychological Impairment

☐

17. Have a Chemical Dependence

☐

18. Have a Rehabilitated Chemical Dependence

☐

19. Have Multiple Disabilities

☐

20. Test Accommodations May Be Necessary because of disabling or handicapping condition

☐

21. A Disabling or Handicapped Condition Which May Affect Ability To DO This Job

GENERAL INSTRUCTIONS AND INFORMATION FOR COMPLETION OF THIS APPLICATION

1. **CAREER OPPORTUNITIES BULLETINS** are published by the Bureau of Human Resources to show typical duties, job requirements, geographical location, salary and availability. They are available from every office of the Maine CareerCenter, most State Offices, from the Maine Bureau of Human Resources and on the Internet at <http://www.state.me.us/statejobs/>. Read the bulletin pertaining to each classification before making application as supplemental information may be required.
2. **ADVERTISEMENTS:** May appear in local newspapers.
3. **SEPARATE APPLICATIONS:** A complete application must be submitted for each separate classification title.
4. **SUPPLEMENTAL OR ADDITIONAL INFORMATION:** You may be required to answer questions as stated within the bulletin or complete a required supplemental form to be submitted along with your application.
5. **CLOSED CLASSIFICATIONS:** Application material received for closed classes will be returned.
6. **CLOSING DATE:** Application material received or postmarked after the closing date may not be accepted.
7. **APPLICANTS RESIDING OUT-OF-STATE:** We do not provide testing outside the state.
8. **STATE EMPLOYEES** may use the State Mail System. Please provide your own legal-size envelopes and mark the upper right hand corner with an # in place of postage. **Make sure your address is complete including the State House Station Number.** We will seal the envelopes to ensure confidentiality.
9. **VOLUNTEER WORK:** We accept volunteer work towards meeting minimum entrance requirements and establishing a score through a numerical evaluation of training and experience (T & E).
10. **PHOTOCOPIES:** We accept legible duplicates of licenses, registrations, certifications, diplomas, transcripts, and related documents.
11. **RESUMES:** The information you furnish on this application will be the basis for evaluating your training and experience. A resume' can be used to supplement this information but not to replace any of the required information.
12. **COPIES OF THE APPLICATION:** You should retain a copy of your application before it is submitted to the Bureau of Human Resources.
13. **PROOF:** With this application, furnish required proof of military service, education, training, registration, certification or licensing. If this is not possible, forward your application and send the material to us as soon as possible. Please indicate which application the material should accompany in order that we can match the material when it arrives.
14. **VERIFICATION OF WORK EXPERIENCE:** We encourage references being completed by the appointing authority before selection. We require verification of registration, certification, licensing, education or training before selection. Be as accurate as possible when completing your application.
15. **PERFORMANCE TESTS:** We encourage work sample testing, standardized tests and verification of skill level through background checks.
16. **HIRING INTERVIEWS:** Are conducted by the Agency. Please bring a resume' and list of references to the interview.
17. **REGISTER:** An eligible register contains the names of all persons who have successfully completed all portions of the examination for the particular classification.
18. **CERTIFICATION LIST:** Upon request of the Agency, the Bureau of Human Resources refers the top six names for interview. The normal order of certification is: 1. Employees on layoff, 2. Agency Employees, 3. Other State Employees, 4. Reemployments, 5. Non-state employees.
19. **UNCLASSIFIED EMPLOYEES:** Unclassified employees are treated as non-state employees for selection purposes in the classified service.
20. **SPECIAL TESTING DATES:** Testing dates and times are based upon availability of facilities. Examinations are scheduled to provide the most expeditious processing. In most instances, we cannot honor requests for specific dates and times. Please try to report as scheduled.

The State of Maine does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities. This material can be made available in alternate formats by contacting the Department's ADA Coordinator at (207) 624-7421 (voice) or (207) 287-4537 (TTY).